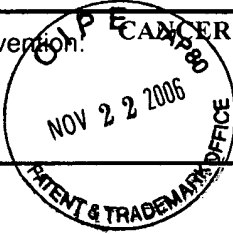
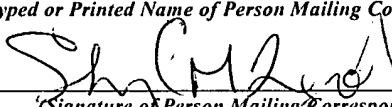


11-2406

TFW

1642

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10) Applicant(s): Geoffrey Kissanen et al			Docket No. 87792-353006	
Application No. 10/014,887	Filing Date 12/11/2001	Examiner Yao, Lei	Customer No. 23,469	Group Art Unit 1642
Invention: OPF CANCER THERAPY 				
I hereby certify that the following correspondence: <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Fee Transmittal (1 page + 1 duplicate) </div> <p style="text-align: center;"><i>(Identify type of correspondence)</i></p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on</p> <p style="text-align: center;"> <u>November 22, 2006</u> <i>(Date)</i> </p> <p style="text-align: center;"> <u>Sheryl M Lynd</u> <i>(Typed or Printed Name of Person Mailing Correspondence)</i>  <i>(Signature of Person Mailing Correspondence)</i> </p> <p style="text-align: center;"> <u>EV 965860839 US</u> <i>("Express Mail" Mailing Label Number)</i> </p>				
Note: Each paper must have its own certificate of mailing.				



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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/014,887
Filing Date	12/11/2001
First Named Inventor	Geoffrey W. Hissanan
Examiner Name	Yao, Lei
Art Unit	1642
Attorney Docket No.	87792.353006

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 10-0223 Deposit Account Name: Jaeckle Fleischmann

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
<u>21</u> - 20 or HP = <u>0</u> x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
<u>4</u> - 3 or HP = <u>0</u> x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
<u>90.00</u>	<u>90.00</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature

Katherine H. McGuire

Registration No. 33,537
(Attorney/Agent)

Telephone (585) 899-2930

Name (Print/Type)

Katherine H. McGuire, Esq.

Date November 22, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT
Serial No. 10/014,887 (87792.353006)
Response to Office Action mailed August 23, 2006

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant(s):	Geoffrey W. Krissansen)	Examiner: Yao, Lei
)	
Serial No.:	10/014,887)	Art Unit: 1642
)	
Filed:	December 11, 2001)	
)	
For:	CANCER THERAPY)	
)	

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed August 23, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.